

February 5, 2009

From: Ms. Holly McKenzie  
PO Box 1582  
Libby, MT 59923

To: Senate Judiciary Committee Hearing  
Room 405  
Capitol  
Helena, MT 59601

RE: SB 285, INTRODUCED BY L. JENT, A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING THAT AN INSURER PAY COSTS AND ATTORNEY FEES FOR DENIAL OR TERMINATION OF MEDICAL BENEFITS THAT ARE LATER DETERMINED COMPENSABLE BY THE WORKERS' COMPENSATION COURT; AMENDING SECTIONS 39-71-612, MCA; AND PROVIDING AN EFFECTIVE DATE AND AN APPLICABILITY DATE."

Statement of testimony given and supportive documentation of same.

Respectfully:

I am stating my support of SB 285, and offer the following facts for the court to consider as good reason for presenting this bill to the legislature.

My father, Edward Benoit, Longtime Libby, MT resident and W.R.Grace & Co. retiree, passed away on January 18, 2009. Primary cause of death was pneumonia due to asbestosis as a consequence of asbestos exposure during his employment at W.R.Grace & Co.'s Zonolite mine in Libby.

Under Montana's most recent Occupational Disease Act, my father received worker's compensation benefits for his asbestosis via an ongoing, approved claim. His diagnosis of terminal asbestosis together with his physician's orders for supplemental oxygen qualified him to receive domicilliary (dom) care benefits under Montana Statutes.

Dom care benefits were applicable regardless of his actual residence, either his own home or in a nursing home/care facility.

Twenty-four hour dom care was ordered by Dr. Brad Black of Libby (CARD) on February 6, 2008, verbally to myself following his examination of my father late the previous month, and by a letter sent to my father's attorney to be forwarded on to his work comp insurance, (Transportation Ins., Crawford & Co., Great Falls) due to my father's previously diagnosed, pre-existing conditions of senile dementia and delusional psychosis which prevented him from safely and effectively administering his prescribed oxygen on his own for any specific length of time.

Due to the pre-existing conditions, my father could not administer the oxygen, and he was forced to enter nursing home care on a private pay basis, because Crawford & Co. chose to dispute Dr. Black's evaluation and resulting order and refused to authorize payment of dom care pending a future investigation.

My father stayed in two nursing homes, firstly a short stay in Libby Care Center in Libby, MT, from 4/6/08 to 4/9/08, and secondly in Mountain View Manor in Eureka, MT, from 4/9/08 to 8/11/08. It took Crawford & Co. from the middle of April to the end of July to complete their investigative process and resulting paperwork. In spite of clear medical evidence of these pre-existing conditions from numerous physicians and medical evaluation reports from both care centers as well as the Libby Hospital, Crawford & Co. continued to dispute my father's need for dom care and the dispute was mediated by Worker's Compensation Mediator Debra Blossum on June 18. Ms Blossum, after hearing all testimony and supporting evidence given by both parties, made the recommendation that the insurance pay the 24 hour care that we were asking for.

Crawford refused, continued to dispute, and finally agreed to pay for 15 hours of dom care per day at home as well as all outstanding related nursing home bills incurred during their investigative process. During these months, neither nursing home received payment of any kind. Attorney's advice to me was that pursuant to Montana Statutes the insurance would be liable for these bills and that I should not, through these months of waiting, pay them for my father, out of his own money or any of mine. The attorney was adamant that it would be highly unlikely if the dom care dispute ultimately ended in a court trial, that the insurance would not be held fully responsible for all of the bills re dom care for my father.

Eventually, we came to terms with the insurance and they assumed responsibility for the nursing home bills. The attorney was forced to negotiate the payment of these bills by the insurance, and also according to Montana statutes, an attorney negotiating payment for medical bills of any kind for a worker's compensation claimant is entitled to 20 to 25% of any negotiated amount. Also, it is not permissible under Montana statutes for an attorney to negotiate any more than the debt originally owed. Also, with an established worker's compensation attorney for the insured on a claim, payment for any outstanding debt must be made by the insurance company to that attorney; the attorney then rightfully holds out their fees for negotiation before forwarding the remainder to the creditor.

The creditor then has no rights, under Montana law, (Montana Worker's Compensation Act, §39-71-743(3), MCA (1995) to attempt to collect from the insurance or the claimant the fee which was held out by the attorney. This causes severe hardship to the creditor, and very often the creditor turns what they were not able to collect over to collection agencies, credit reporting agencies, etc., and claimants that should not be required to pay out of pocket for insurance covered expenses then end up with ruined credit unless they pay bills that are, essentially, not their responsibility.

In the case of my father, Libby Care Center was left owed 20% of the negotiated amount, approximately \$98.00, and Mountain View Manor was left owed 20% of the negotiated amount, approximately \$4,100.00. Fortunately, the attorney was eventually able to stop their billing departments from hassling my father for payment and from turning these amounts over to collection. These nursing homes had to, essentially, "eat" these charges, and they wrote them off.

A serious dilemma that the passing of SB 285 would remedy should be obvious here. Worker's Compensation claimants such as my father likely have in the past, and certainly will in the future, experience serious reluctance within a diverse medical

community to provide them with advance service, care and medical supplies etc. with work comp insurance being the entity which, EITHER MAY OR MAY NOT be responsible for paying their bills.

Another notable dilemma which is one that might be remedied indirectly by SB 285 would be the habitual and regularly practiced policy of work comp insurance companies to assume all claimants and claimant's physicians are guilty of trying to receive undeserved benefits until they have proven themselves innocent. Work comp insurance appears for some years now to have perfected an unrestricted and uncontrolled investigative processing system with regard to all claims, their desired goal obviously being to simply delay making payment for as long as possible.

In my father's case, a nursing home, though perhaps immediately safer for him than being alone at home with regard to his oxygen equipment and use, was not going to be able to provide the intensive, one on one 24 hour monitoring and care that he needed. They are simply not adequately staffed in order to facilitate that. He spent months in nursing home care in which he was not able to have the benefit of all the oxygen he required for the proper treatment of his disease, and it has been obvious that he suffered as a result, with regard to his quality of life, as well as his length of life certainly being affected adversely.

Please send SB 285 for a vote, and thank you for accepting my testimony at this hearing.

Sincerely,

Holly Benoit McKenzie  
Montana Resident

Supportive documentation copies attached:

Bills and correspondence from nursing homes, mediation information and recommendation, physician's correspondence, attorney's correspondence, hospital records.



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214 East 3<sup>rd</sup> Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

September 16, 2008

RE: Edward Benoit  
C/O Holly McKenzie  
PO Box 1582  
Libby, MT 59923

To Whom It May Concern:

At the request of Mr. Benoit's daughter, Holly, a trend oximetry was done to evaluate Mr. Benoit's oxygen saturations on room air, while participating in day-to-day activities. Holly was instructed on the use of the oximeter; she conducted the trend oximetry and reported activities as they occurred over a 10 hour period. **The results revealed his oxygen saturation fell into the 80's with exertion when performing these activities. I recommend that he wear his oxygen during any exertion and while sleeping, as originally ordered on 2/6/08. Any questions or concerns please feel free to contact us at the CARD Clinic at (406) 293-9274.**

Regards,

  
Brad Black, MD

*Bothe & Lauridsen, P.C.*  
*Attorneys at Law*

5 HIGHWAY 2 EAST  
P.O. BOX 2020  
COLUMBIA FALLS, MT 59912

KENNETH S. THOMAS  
DAVID W. LAURIDSEN  
LAURIE WALLACE  
DAVID M. SANDLER

(406) 892-2193  
1 (800) 354-3262  
FAX (406) 892-0207  
E-MAIL: [legalpad@digisys.net](mailto:legalpad@digisys.net)  
WEBSITE: [www.bandllaw.com](http://www.bandllaw.com)

JOHN H. BOTHE  
(1951-1996)  
May 9, 2008

Mr. Don Alexander  
Good Samaritan Society  
Mountain View Manor  
P.O. Box 327  
Eureka, MT 59917-0327

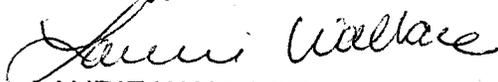
RE: EDWARD BENOIT

Dear Mr. Alexander:

**Thank you for your letter of May 2, 2008. In response to your inquiry concerning who I represent, I represent Edward Benoit. ~~Since Ms. McKenzie has Power of Attorney for Mr. Benoit, however, much of my dealings with him are through her.~~ In terms of Mr. Benoit's financial obligation to your organization, I have again discussed that issue with Ms. McKenzie and she now has a better understanding of the interplay between workers' compensation, Medicaid, and self-pay. I anticipate that she will be in contact with you in the near future regarding this issue.**

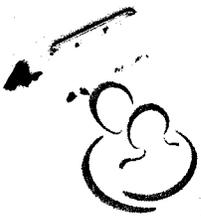
Please feel free to contact me if other issues arise in the future.

Sincerely,

  
LAURIE WALLACE  
BOTHE & LAURIDSEN, P.C.

LW/rs

cc: Holly McKenzie (w/enclosure)  
Jon Heberling (w/enclosure)



Good  
Samaritan  
Society

MOUNTAIN VIEW MANOR

10 Mountain View Dr  
PO Box 327  
Eureka MT 59917-0327

Phone: 406-297-2541  
Fax: 406-296-2543  
www.good-sam.com

May 2, 2008

Bothe & Lauridsen  
Laurie Wallace  
5 Hyway 2 East  
Box 2020  
Columbia Falls, MT 59912

Dear Laurie Wallace:

We have been informed that your firm is assisting Edward Benoit and Holly McKenzie with a worker's compensation claim. **Would you please clarify who you legally represent?**

~~Holly has informed us that you have advised her not to apply for Medical assistance through Medicaid that she should not pay us until the worker's compensation claim is settled. She also indicated this may take five or six months. We believe that she should either apply for Medicaid or pay the account in full. Our policy, as explained to Holly upon Edward's admission, is that Edward is considered private pay until he is covered by insurance. Therefore, she is expected to pay for Edward's care as any private-pay resident would.~~

Sincerely,

  
Donald J Alexander  
Administrator

RECEIVED MAY - 5 2008

*In Christ's Love, Everyone Is Someone.*

5/05/2008

## FACE SHEET

GSS #220-ARC

11:57:10

EUREKA MOUNTAIN VIEW MANOR 4640

KBEAULIE

MED REC	ACCOUNT #	STA	ROOM	BED	GEN	BIRTH DATE	AGE	SOC SEC #	MARITAL STATUS
251056601	4640000144	ST1	01113	D	M	10/22/1922	85Y	001-18-4370	WIDOWED

RESIDENT NAME	BENOIT, EDWARD B	SALUT	PREFERRED NAME
PRIOR ADDRESS	PO BOX 1582 LIBBY, MT 59923	COUNTY	LINCOLN
MEDICARE	001184370A	MEDICAID	LEVEL OF CARE L99
OTHER INSURANCE	SELF PAY COINSURANCE	VA#	
ADMISSION DATE	4/09/2008	TIME	12:00
ADMITTED FROM	NURSING HOME - NON-SKILLED		
RELIGION	CHURCH	PHONE	
ADDRESS			
CLERGY	PHONE	FAX	

CONTACT NAME	GUARANTOR	EMERGENCY CONTACT-NAME	
MCKENZIE, HOLLY		GRAHAM, BONNIE	
ADDRESS1	PO BOX 1582	199 FARM TO MARKET	
ADDRESS2			
CITY, STATE	LIBBY, MT	LIBBY, MT	
ZIP	59923	59923	
HOME	406-293-5489	406-293-1349	
WORK			
CELL/PGR			
FAX			
E-MAIL			
RELATION	POWER ATTORNEY	DAUGHTER	

	NAME	WORK	FAX	ADDRESS
ATTENDING PHYSICIAN	STEIN, EDWARD P	406-297-3145	406-297-3364	PO BOX 2069 EUREKA, MT 59917
ALTERNATE PHYSICIAN	HOUSER, GLENN	406-297-3145	3364	PO BOX 2069 EUREKA, MT 59917
OPTOMETRIST	PATRICK, TERRY	406-293-7916		610 CALIFORNIA AVE LIBBY, MT 59923
PRESCRIP DRUG PLAN POLICY NUMBER	AARP MEDICARE/RX PLAN 0033536611	877-889-6481		P.O. BOX 6083 CYPRESS, CA 90630-CA
PHARMACY	HAINES DRUG	406-862-2543		148 CENTRAL AVE WHITEFISH, MT 59937-0000
AMBULANCE	EUREKA VOLUNTEER	406-296-2121		103 SCHAGEL WAY BOX 736 EUREKA, MT 59917-0000
HOSPITAL	ST. JOHN'S	406-293-0100		350 LOUISIANA AVE. LIBBY, MT 59923-0000
MORTUARY	NELSON/VIAL	406-296-2812		422 W. 2nd. ST. LIBBY, MT 59923-0000

ADMITTING DIAGNOSIS	ALLERGIES	CENTER SPECIFIC
250.00 DM II 244.9 HYPOTHYROIDISM 780.52 <del>DIABETES</del>	PNC, CODEINE, SULFA	
782.1 RECURRING RASH 401.9 HTN 290.0 <del>SENILE</del>	DRUGS	
<del>780.00</del> 715.00 OSTEOARTHRITIS 272.4		
HYPERLIPIDEMIA		

FINAL DIAGNOSIS:	DISCHARGE DATE:	DISCHARGE TO
	TIME:	

# EUREKA PROMPT CARE

A Service of NORTHWEST HEALTHCARE

Edward P. Stein, M.D.  
Glenn D. Houser, M.D.  
R. James Schmidt, Jr. PA-C

~~May 22, 2000~~

Holly McKenzie  
P.O. Box 1582  
Libby, MT 59923

Re: Edward Benoit

To Whom It May Concern,

This is a letter to verify that I, along with Dr. Glenn Houser, serve as Edward Benoit's family physician during his residence here in Eureka at Mountain View Manor. It is our opinion that resident would be suitable for discharge to home, assuming he had 24-hour care provided there.

Sincerely,



Edward P. Stein, MD  
/dd

STATE OF MONTANA  
DEPARTMENT OF LABOR & INDUSTRY  
EMPLOYMENT RELATIONS DIVISION  
WORKERS' COMPENSATION MEDIATION  
1805 PROSPECT AVE  
PO BOX 1728  
HELENA MT 59624-1728  
Telephone No. (406) 444-6534  
Fax No. (406) 444-6854

IN THE MATTER OF:  
EDWARD BENOIT,

Petitioner,

And

TRANSPORTATION INS CO,

Respondent.

Workers' Compensation Claim  
Number(s) 2H008405

Accident Date(s) 10/01/1987

Mediation File Number 2008 1173 01

MEDIATION REPORT AND  
RECOMMENDATION

1 A ~~telephone mediation~~ conference was held on **June 11, 2008**. Participants were  
2 Holly McKenzie, guardian of Edward Benoit; Claimant; Laurie Wallace, Claimant's  
3 Attorney; Sandy Mayernik, Claims Examiner for Crawford & Company; Todd Hammer,  
4 Counsel for Crawford & Company; ~~and~~ Debra Blossom, Workers' Compensation  
5 Mediator.

6 The ~~issue mediated~~ was Mr. Benoit's entitlement to payment of 24 hour domiciliary  
7 care benefits.

8 Ms. Wallace explained that Mr. Benoit's asbestosis has been accepted as an  
9 occupational disease and further the insurer has accepted payment for the oxygen  
10 for him. Recently one night he was caught up in the tubing and unable to properly  
11 use the oxygen equipment. Holly, his daughter, who lives in the basement apartment  
12 below him, was able to extricate him and call an ambulance which took him to the  
13 emergency room. While the emergency room physicians felt he could be released,  
14 Ms. McKenzie did not feel she was capable of managing him alone 24/7. Mr. Benoit

1 is now in a nursing home.

2 Ms. Wallace pointed out ~~Dr. Black's letter of March 6, 2008 and his medical note of~~  
3 ~~March 4, 2008, both of which indicate Mr. Benoit needs 24/7 domiciliary care~~ Ms.  
4 Wallace described CNS infarction as causing dementia which makes it difficult for  
5 him to comply with his oxygenation requirements. He has pre-existing conditions,  
6 including angina which make it even more important that he be on oxygen. So to  
7 avoid further loss of function it is necessary that his oxygen levels be maintained.  
8 Toward that end he needs 24/7 domiciliary care.

9 Ms. Wallace also pointed out there is currently no contrary medical opinion.

10 Further, the bills at the nursing home now exceed \$12,000. Time is of the essence.

11 Mr. Hammer responded that the insurer is moving as quickly as possible. He cited  
12 **39-71-1107** as requiring the doctor's form along with a nursing analysis and specificity  
13 as to the necessary domiciliary care before the insurer can move this. Mr. Hammer  
14 explained the insurer has requested an opinion from a pulmonologist, Dr. Stockman,  
15 regarding Mr. Benoit's need for domiciliary care as it relates to the accepted  
16 condition of asbestosis. Ms. Mayernik said she had received a bill, so anticipates  
17 receiving the report promptly.

18 Further the insurer pointed out that in attempting to negotiate domiciliary care  
19 benefits, the demand from claimant has been going up in that they started with an  
20 offer of \$11 an hour for 8 hours a day and then increased it to 12 hours a day and are  
21 currently demanding \$22 an hour for 15 hours per day.

22 It was further clarified that the exam by Dr. Stockman had been done on June 3,  
23 2008. The insurer has not accepted dementia as part of this claim. Nor have they  
24 accepted the nursing home at this time.

1 It was also sorted out during the conference that the bill Ms. Mayernik received  
2 from the oxygen provider, PMSI, is just for the equipment and not the oxygen. Ms.  
3 McKenzie explained the oxygen is being provided at the nursing home but she still  
4 has the rental equipment in his home as they anticipate he will return.

5 ~~By agreement of the parties the mediation conference was pended until June 18<sup>th</sup>~~  
6 ~~at 10 AM in anticipation of Dr. Stockman's report.~~

7 ~~We reconvened on June 18<sup>th</sup> and Dr. Stockman's report was not available. Ms.~~  
8 ~~Wallace requested a recommendation.~~

9 **RECOMMENDATION**

10 Based on the medical record I have, Mr. Benoit's asbestosis requires oxygen. It  
11 appears Mr. Benoit's dementia results in episodes of non compliance with the  
12 required oxygen. The need for oxygen arises from the accepted claim, and  
13 therefore monitoring or maintaining that oxygen for Mr. Benoit when he is unable to  
14 do so is also part of the claim.

15 Dr. Black in his letter to Laurie Wallace of March 6, 2008 recommended home  
16 care 100% of the time. Dr. Stein in his letter dated May 22<sup>nd</sup>, had recommended  
17 discharge home from the nursing home, with 24 hour care. Medical is undisputed at  
18 this time.

19 As I indicated during the conference, I recommend maintaining Mr. Benoit's  
20 compliance with using his oxygen equipment, particularly at night, is beyond the  
21 scope of normal household duties.

22 The petitioner has requested 15 hours per day domiciliary care at \$22 per hour.

23 Based on the documentation I have, I recommend the insurer agree to provide  
24 domiciliary care, as requested, upon Mr. Benoit's release from the nursing home.

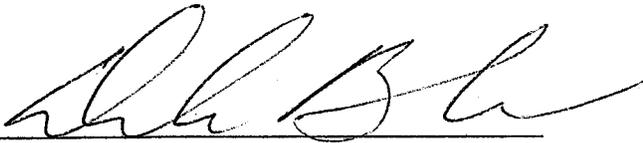
1        Within 25 days from the date of this report, each party shall notify the mediator  
2 whether this recommendation is acceptable. If either party does not accept the  
3 mediator's recommendation, the party may petition the Workers' Compensation  
4 Court for resolution of the dispute.

5        The address and phone number are as follows:

**WORKERS' COMPENSATION COURT  
PO BOX 537  
HELENA MT 59624-0537  
(406) 444-7794**

**E-Mail Address: [DLIWCC@mt.gov](mailto:DLIWCC@mt.gov)**

DATED this 18th Day of June, 2008.



Debra Blossom  
Workers' Compensation Mediator

\*\*\*\*\*

**CERTIFICATE OF SERVICE**

I, Kathleen Rosland, do hereby certify and state that I mailed a true and correct copy of the attached **MEDIATION REPORT AND RECOMMENDATION** to:

EDWARD BENOIT  
PO BOX 1582  
LIBBY MT 59923

*& Holly McKenzie, daughter, POA*

LAURIE WALLACE  
ATTORNEY AT LAW  
PO BOX 2020  
COLUMBIA FALLS MT 59912

TRANSPORTATION INS CO  
c/o SANDY MAYERNIK  
CRAWFORD & CO  
PO BOX 3007  
GREAT FALLS MT 59403-3007

TODD HAMMER  
ATTORNEY AT LAW  
PO BOX 7310  
KALISPELL MT 59904-0310

by depositing a true copy thereof in the United States Mail, postage prepaid, addressed as listed above, on this 24<sup>th</sup> day of June, 2008.

*Kathleen Rosland*

Kathleen Rosland, Administrative Support  
WORKERS' COMPENSATION MEDIATION

Law Offices of  
*McGarvey, Heberling, Sullivan & McGarvey, P.C.*

*Dale L. McGarvey*  
*Jon L. Heberling*  
*Roger M. Sullivan, Jr.*  
*Allan M. McGarvey*  
*John F. Lacey*

745 South Main  
Kalispell, Montana  
59901-5399

Telephones:  
(406) 752-5566  
1-800-345-1763 (in State)  
1-800-406-7544 (out of State)  
Fax: (406) 752-7124

July 17, 2008

Emails: dmcgarvey@mcgarveylaw.com  
jheberling@mcgarveylaw.com  
amcgarvey@mcgarveylaw.com  
rsullivan@mcgarveylaw.com  
jlacey@mcgarveylaw.com

Todd Hammer  
Hammer, Hewitt, Jacobs & Floch PLLC  
Attorneys at Law  
P.O. Box 7310  
Kalispell MT 59904-0310

Sent via fax and U.S. mail  
755-5155

COPY

RE: Ed Benoit

Dear Todd:

Attached is an informal copy of the Dr. Whitehouse Rebuttal Opinions. The same General Affidavit as in Kilgore will be filed. I understand you are declining at this time to agree to add Dr. Whitehouse.

You suggested a later date for the hearing than 8/21/08. I suggested that Laurie and I will be available to get all the depositions done, except that neither of us are available on 7/23/08. It is urgent to get Ed Benoit out of the nursing home. He has been stuck there since April. Would you want to be in a nursing home?

We discussed settlement and observed that we are not that far apart. We are not insisting that the insurance company pay for full 24 hour care. Surely this case can be settled.

Nor do we think that the insurance company can hide behind the report of Dr. Stockman in an effort to claim it acted reasonably. Dr. Stockman admits that Ed Benoit has pleural plaques, which are markers of asbestos exposure. Then, to despite the huge asbestos exposure while Ed Benoit worked at Grace, Dr. Stockman fails to diagnose the disease asbestosis, instead calling it idiopathic (unknown) pulmonary fibrosis. **The source of the disease is hardly unknown. It is asbestos exposure.** Dr. Headapohl who regularly testifies for the insurance company diagnosed asbestosis. Dr. Loehnen who regularly does examinations for the insurance company diagnosed asbestosis. Dr. Whitehouse, the treating physician, ~~diagnosed asbestosis.~~ Dr. Black, another treating physician, ~~diagnosed~~

Todd Hammer  
Page Two  
July 17, 2008

~~asbestosis. We think it is irresponsible for Dr. Stockman to fail to find serious lung disease in a man who is on oxygen. We do not think the insurance company is safe in relying upon Dr. Stockman.~~

I asked if you had any medical records for Dr. Stein or Dr. Houser, you stated you had none.

I understand you will deliver a counteroffer by the company on 7/18/08.

Yours sincerely,

McGARVEY, HEBERLING, SULLIVAN  
& McGARVEY

  
JON L. HEBERLING

JLH:jon

Enc.

cc: Laurie Wallace  
✓Holly McKenzie

## **Rebuttal Opinions of Dr. Alan C. Whitehouse**

1. Dr. Whitehouse is the treating physician for Ed Benoit.
2. In response to the report of Dr. Stockman, the CT findings are not pathognomonic for idiopathic pulmonary fibrosis. They clearly indicate significant asbestos related disease.
3. Dr. Whitehouse agrees with the findings of Dr. Black, as stated in the medical records, and in disclosures made.
4. Pleural disease may cause significant disability and death in the Libby cohort. Pleural disease is a significant factor in Ed Benoit's lung disease.
5. Dr. Whitehouse may testify to opinions stated in the General Affidavit of Dr. Whitehouse, and in rebuttal to opinions of Dr. Stockman.

*Bothe & Lauridsen, P.C.*  
*Attorneys at Law*

5 HIGHWAY 2 EAST  
P.O. BOX 2020  
COLUMBIA FALLS, MT 59912

KENNETH S. THOMAS  
DAVID W. LAURIDSEN  
LAURIE WALLACE  
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1 (800) 354-3262  
FAX (406) 892-0207  
E-MAIL: legalpad@digisys.net  
WEBSITE: www.bandllaw.com

JOHN H. BOTHE  
(1951-1996)

October 15, 2008

Libby Care Center  
ATTN: Patient Accounts  
308 E 3rd St.  
Libby, MT 59923

RE: EDWARD BENOIT  
Res No. 1676

Dear Sir/Madame:

~~This law firm represents Edward Benoit in regard to a workers' compensation claim. Mr. Benoit has received a billing statement from you that indicates a balance due after workers' compensation payment in the amount of \$98.40. This is to advise you that pursuant to the Montana Workers' Compensation Act, §39-71-743(3), MCA (1995), you cannot attempt to recover any unpaid charges associated with the treatment of Mr. ~~Stacy's~~ workers' compensation injuries once you have been paid by the workers' compensation insurer pursuant to the schedule.~~

*Benoit's*

In light of the law stated above which prohibits you from charging Mr. Benoit, whether directly or through a collection agency, for any services rendered in regard to his workers' compensation injury, it would be unfortunate for both you and Mr. Benoit if you pursued collection activities. You, of course, have the right not to accept workers' compensation claims, however, once you do accept such patients you are bound by the foregoing laws and regulations regarding payment of your bills.

Should you have any questions concerning this matter, please contact your legal counsel.

Sincerely,

*Laurie Wallace*

LAURIE WALLACE  
BOTHE & LAURIDSEN, P.C.

LW/rs

cc: Edward Benoit c/o Holly McKenzie

*Bothe & Lauridsen, P.C.*  
*Attorneys at Law*

5 HIGHWAY 2 EAST  
P.O. BOX 2020  
COLUMBIA FALLS, MT 59912

KENNETH S. THOMAS  
DAVID W. LAURIDSEN  
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WEBSITE: www.bandllaw.com

JOHN H. BOTHE  
(1951-1996)

September 29, 2008

Mr. Donald Alexander  
Good Samaritan Society  
P.O. Box 327  
Eureka, MT 59917-0327

RE: EDWARD BENOIT  
Acct No. 4640000144

Dear Mr. Alexander:

**As you know, this law firm represents Edward Benoit in regard to a workers' compensation claim. Liability for the claim was accepted by the workers' compensation insurer, but liability for domiciliary care benefits was denied. Liability for those benefits was subsequently accepted by the insurer through our efforts. Because of our efforts in getting liability accepted, a 20% attorney fee automatically attaches to all medical benefits associated with the domiciliary care benefit dispute. The attorney fee lien has priority as against all other creditors.**

In reviewing your letter dated September 18, 2008, it would appear that the balance due in this case results from payment of attorney fees. ~~By law, the medical provider is limited to receiving only those amounts that the workers' compensation insurer is liable to pay pursuant to Montana's fee schedule and after the deduction of the 20% attorney fee made pursuant to the Supreme Court decision in *Lockhart v. New Hampshire Ins. Co.* Therefore, after receiving the appropriate workers' compensation schedule amount from the workers' compensation insurer, minus the attorney fee, you are not permitted, under authority of the Montana Workers' Compensation Act, §39-71-743(3), MCA (1995), to bill Mr. Benoit for the difference.~~

Should you have any questions concerning this matter, please contact me directly.

Sincerely,

  
LAURIE WALLACE  
BOTHE & LAURIDSEN, P.C.

LW/rs

cc: Edward Benoit c/o Holly McKenzie  
Jon Heberling

*Bothe & Lauridsen, P.C.*  
*Attorneys at Law*

5 HIGHWAY 2 EAST  
P.O. BOX 2020  
COLUMBIA FALLS, MT 59912

KENNETH S. THOMAS  
DAVID W. LAURIDSEN  
LAURIE WALLACE  
DAVID M. SANDLER

(406) 892-2193  
1 (800) 354-3262  
FAX (406) 892-0207  
E-MAIL: [legalpad@digisys.net](mailto:legalpad@digisys.net)  
WEBSITE: [www.bandllaw.com](http://www.bandllaw.com)

---

JOHN H. BOTHE  
(1951-1996)  
January 7, 2009

Ms. Holly McKenzie  
P.O. Box 1582  
Libby, MT 59923

Dear Holly:

Enclosed please find a copy of the insurer's letter dated December 19, 2008, with the attachment, indicating the issue over ~~the charges at the Good Samaritan Nursing Home have been resolved.~~

Sincerely,

  
LAURIE WALLACE  
BOTHE & LAURIDSEN, P.C.

LW/rs

Enc.

cc: Jon Heberling (w/enclosure)

December 19, 2008

Laurie Wallace  
Attorney at Law  
P.O. Box 2020  
Columbia Falls, MT 59912

RE: Employer: W. R. Grace  
Employee: Edward Benoit  
Date/Occ Disease: 07/12/00  
File Number: 2H008405W5

Dear Ms. Wallace:

I have contacted Good Samaritan Society and they advised that \$4,193.31 has been taken or written off Mr. Benoit's bill. They show no outstanding balance for him. Please advise Ms. McKenzie.

Sincerely,

**CRAWFORD & COMPANY,**

*Sandy Mayernik*

~~Sandy Mayernik, Adjuster  
Great Falls, Montana~~

Enc.

Cc: Todd Hammer, Attorney  
Transportation Insurance

RECEIVED DEC 22 2008

EXCELLENCE IN EVERYTHING WE TOUCH

PO Box 3007 ■ Great Falls MT 59403 ■ (406) 761-7230 ■ Fax (406) 454-0454 ■ [www.crawfordandcompany.com](http://www.crawfordandcompany.com)



# STATEMENT

MOUNTAIN VIEW MANOR  
MOUNTAIN VIEW DR  
P.O. BOX 327  
EUREKA, MT 59917-0327  
406/297-2541

Statement Date: 11/20/2008  
Name: BENOIT, EDWARD B ID: 4640000144  
Location: 01107W

HOLLY MCKENZIE  
PO BOX 1582  
LIBBY, MT 59923

Date Due: 12/01/2008  
Amount Due: \$4,193.31  
Amount Paid: \_\_\_\_\_

Change Of Address (see back of statement)  
Detach and return upper portion of statement with payment.

Name: BENOIT, EDWARD B ID: 4640000144

Service Dates		Description	Qty	Charge	Payment/ Credit
From	Through				
6/17/2008	6/17/2008	COINSURANCE PT EVAL	1	12.88	
7/17/2008	7/17/2008	ROOM & BOARD @ 105.83	1	105.83	
7/18/2008	7/31/2008	ROOM & BOARD @ 156.00	14	2184.00	
8/01/2008	8/10/2008	ROOM & BOARD @ 156.00	10	1560.00	
7/24/2008	7/24/2008	INTEREST CHARGE	1	268.83	
8/11/2008	8/11/2008	INTEREST CHARGE	1	61.77	

Is there any way we could get a payment plan set up to help get this balance paid? If we could get one set up we would be willing to knock off the interest charge. Feel free to call with any questions. Thank you.

Past due accounts will be subject to interest charge, per Admission Agreement.

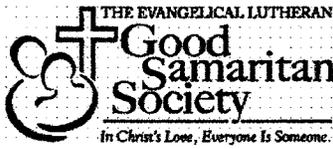
GSS MOUNTAIN VIEW MANOR  
10 MOUNTAIN VIEW DR  
P.O. BOX 327  
EUREKA, MT 59917-0327  
406/297-2541

Amount Due **\$4,193.31**

*p/c w/ Dan's balance*



*Dan Case 605-323-3403*



# STATEMENT

GSS MOUNTAIN VIEW MANOR  
10 MOUNTAIN VIEW DR  
P.O. BOX 327  
EUREKA, MT 59917-0327  
406/297-2541

Statement Date: 7/25/2008  
Name: BENOIT, EDWARD B  
Location: 01107W

4640000144

HOLLY MCKENZIE  
PO BOX 1582  
LIBBY, MT 59923

Date Due: 8/01/2008  
Amount Due: \$ 23,027.26  
Amount Paid: \_\_\_\_\_  
Bill Tracking #  
00464000052575

Change of Address (see back of statement)  
Detach and return upper portion of statement with payment.

Admit Date: 4/09/2008  
Name: BENOIT, EDWARD B

Discharge Date: 0/00/0000  
Acct #: 4640000144

Bill Tracking #  
00464000052575

Service Dates		Description	Qty	Charge	Payment/ Credit
From	Through				
		<b>BALANCE FORWARD</b>		22,758.43	
7/24/2008	7/24/2008	INTEREST	1	268.83	

*Original sent to your attorney*

Past due accounts will be subject to interest charge, per Admission Agreement.

GSS MOUNTAIN VIEW MANOR  
10 MOUNTAIN VIEW DR  
P.O. BOX 327  
EUREKA, MT 59917-0327  
406/297-2541



Amount Due

**\$23,027.26**

## Discharge Summary

ADMITTED SWING: 10-16-08  
DISCHARGED: 10-17-08

### HOSPITAL COURSE:

Patient admitted with psychosis due to dementia with aggressive behavior putting himself and his caregivers at risk. In hospital ~~he required high dose Haldol~~ and with that his aggressive behavior and delusions improved. ~~However he continued to have significant loss of normal daily activities and needs frequent redirection.~~ Still having significant sundowning, but that may continue to be a problem. His sugar was up some yesterday to 220 and 270, however we checked it this am and got 486, but the nurse felt he might still have syrup on his finger and rechecked again after thoroughly cleaning his finger and it was 119 after breakfast.

### EXAM:

VS: P 96 BP 140/ 90 RR 20 T 97  
CHEST: Crackles at bases, scattered rhonchi and decreased breath sounds  
ABDOMEN: Soft and non tender  
LEGS: No edema  
MENTALLY: At times will make appropriate statements but most of the time does not talk.

### ~~FINAL DIAGNOSIS:~~

~~Dementia with delusional psychosis improved but still requires a lot of redirection 24 hours a day.~~ Sleep pattern is still poor having only slept through the night once while in hospital.  
~~Asbestosis severe without infectious flare at this time.~~  
Diabetes stable

### DISCHARGE MEDICATIONS:

- 01 L-Thyroxine 100 mcg 1 tab daily
- 02 Digitek 0.125 mg 1 tab daily
- 03 Diltiazem CD 180 mg
- 04 Metformin 500 mg 1 tab am 2 tabs with evening meal
- 05 Ambien 5 mg tabs half to one tab hs May repeat dose in 2 hours.
- 06 Haldol 5 mg tabs 1 tab in am 2 tabs in evening
- 07 Fiber tablets daily with meals
- 08 Saw Palmetto 450 mg 1 tab with evening meal

### INSTRUCTIONS:

1. See me in the office in 1-2 weeks.
2. Call me monday to update how he is doing. /gr Signed by Gregory A. Rice, MD PC  
10/17/2008 10:03:28

DATE OF SERVICE: 10/17/2008

NAME: Edward Benoit

DOB: 10/22/1922

SEX: M

Created: 10/17/2008 9:47 AM

ST. JOHN'S LUTHERAN HOSPITAL  
350 LOUISIANA AVENUE  
LIBBY, MONTANA 59923 Cairns Inc Document

Chart No. 9018  
SS#: 001-18-4370  
Gregory A. Rice, MD PC  
Page 1

# STATE OF MONTANA CERTIFICATION OF VITAL RECORD

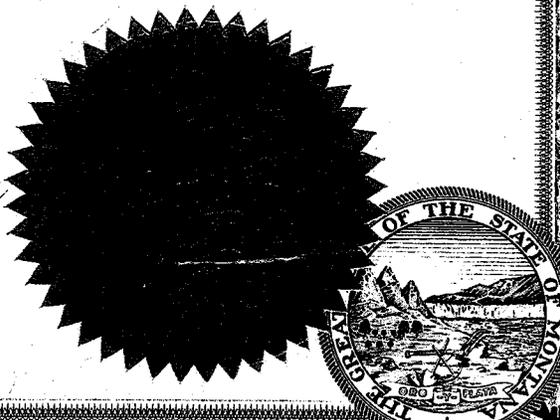
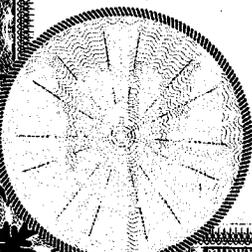
1. DECEDENT'S NAME (First, Middle, Last) <b>EDWARD B BENOIT</b>		AKAs (If Any)		29. ACTUAL OR PRESUMED TIME OF DEATH OF DECEASED (Month/Day/Year) <b>10/15/2009</b>	
2. SEX <b>Male</b>	3. SOCIAL SECURITY NUMBER <b>001-18-4370</b>	Age - last Birthday (Years) <b>86</b>	4b. Under 1 Year (Months) Days	4c. Under 1 Day (Hours) Minutes	5. DATE OF BIRTH (Month/Day/Year) <b>October 22, 1923</b>
14. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home/Long term care facility <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other					
15. FACILITY NAME (If not institution, give street and number) <b>2315 Kootenai River Road</b>			16. CITY, TOWN OR LOCATION OF DEATH <b>Libby</b>		
6. BIRTHPLACE (City, and State or Foreign Country) <b>Warner, New Hampshire</b>		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE	
94. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Laborer</b>			95. KIND OF BUSINESS/INDUSTRY <b>Timber - mining</b>		9. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. RESIDENCE STATE <b>Montana</b>	7b. COUNTY <b>Lincoln</b>	7c. CITY, TOWN, OR LOCATION <b>Libby</b>	7d. STREET NUMBER <b>2315 Kootenai River Road</b>	7f. ZIP CODE <b>59923</b>	7g. INSIDE CITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> 9th-12th grade; No diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associates Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)			52. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) <b>Not Obtainable</b>		53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Samoan <input type="checkbox"/> Black African American <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Vietnamese
11. FATHER'S NAME (First, Middle, Last) <b>Joseph D Benoit</b>			12. MOTHER'S NAME (First, Middle, last name before first marriage) <b>Lottie Adjutant</b>		
13a. INFORMANT'S NAME <b>Holly McKinzie</b>		13b. RELATION TO DECEDENT <b>Daughter</b>		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2315 Kootenai River Road, Libby, Montana 59923</b>	
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION <b>Schnackenberg &amp; Nelson Funit Home Crematory</b>		20. LOCATION (City or Town, State) <b>Libby, Montana</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Steven H. Schnackenberg</b>			23. MONTANA LICENSE NO (of licensee if applicable) <b>537</b>		21. NAME AND ADDRESS OF FUNERAL FACILITY <b>Schnackenberg Nelson Funeral Home, 422 West Second St., Libby, Montana 59923</b>
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Month/Day/Year) <b>January 18, 2009</b>		25. TIME PRONOUNCED DEAD <b>10:15 Military</b>	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>Greg Rice, M.D.</b>			27. LICENSE NUMBER <b>4164</b>		28. DATE SIGNED (Month/Day/Year) <b>January 29, 2009</b>
30. ACTUAL OR PRESUMED TIME OF DEATH <b>10:15 Military Actual</b>			31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
32. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. pneumonia</b> DUE TO (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>b. asbestosis</b> DUE TO (or as a consequence of): <b>c. occupational exposure Zonolite mine</b> DUE TO (or as a consequence of):					Approximate Interval: (Include Min., Hr., Day, Yrs, etc.) <b>5 days</b> <b>25 years</b> <b>36 years</b>
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>diabetes type 2, hypertension</b>					33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No					
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year	
DATE OF INJURY (Month, Day, Year) <b>58.</b>	TIME OF INJURY <b>39.</b>	INJURED AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No	40. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area)		44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other
43. DESCRIBE HOW INJURY OCCURRED					42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)
45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. SIGNATURE <b>Greg Rice</b>					49. DATE CERTIFIED (Month, Day, Year) <b>January 29, 2009</b>
46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>Greg Rice</b>			48. LICENSE NO <b>4164</b>		47. TITLE <b>M.D.</b>
48. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>211 E 2ND ST. Libby, MT 59923</b>			LOCAL REGISTRAR'S NAME <i>Francis Amos</i>		50. DATE FILED (Mo/Day/Yr) <b>January 29, 2009</b>

To Be Completed By: Funeral Director

To Be Completed By: Medical Certifier

*Copy*

STATE OF MONTANA S.S.  
County of Lincoln  
I hereby certify that the instrument to which this certificate is affixed is a true and correct copy of the original on file in my office.  
Witness my hand and seal of Lincoln County this 29<sup>th</sup> day of Jan 2009  
**TAMMY D. LAUER, Clerk and Recorder**  
by Debra French  
Deputy  
\$ 300



Not Valid Unless Raised Seal is Present

# STATE OF MONTANA

## CERTIFICATION OF VITAL RECORD

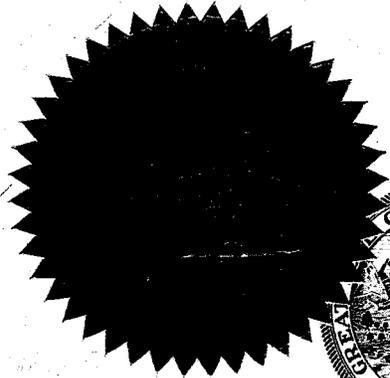
1. DECEDENT'S NAME (First, Middle, Last) <b>EDWARD B BENOIT</b>		AKAs (If Any)		28. ACTUAL OR PRESUMED TIME OF DEATH (Month/Day/Year) <b>January 18, 2009</b>	
2. SEX <b>Male</b>	3. SOCIAL SECURITY NUMBER <b>001-18-4370</b>	Age - last Birthday (Years) <b>86</b>	4a. Under 1 Year Months <b>0</b>	4b. Under 1 Day Hours <b>0</b>	4c. Under 1 Minute Minutes <b>0</b>
5. DATE OF BIRTH (Month/Day/Year) <b>October 22, 1922</b>					
14. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home/Long term care facility <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other					
15. FACILITY NAME (If not institution, give street and number) <b>2315 Kootenai River Road</b>				16. CITY, TOWN OR LOCATION OF DEATH <b>Libby</b>	
8. BIRTHPLACE (City, and State or Foreign Country) <b>Warner, New Hampshire</b>		9. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE	
54. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Laborer</b>			55. KIND OF BUSINESS/INDUSTRY <b>Timber - mining</b>		8. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. RESIDENCE STATE <b>Montana</b>	7b. COUNTY <b>Lincoln</b>	7c. CITY, TOWN, OR LOCATION <b>Libby</b>	7d. STREET NUMBER <b>2315 Kootenai River Road</b>	7i. ZIP CODE <b>59923</b>	7g. INSIDE CITY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input checked="" type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, No diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associates Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)			52. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) <b>Not Obtainable</b>		
53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)					
11. FATHER'S NAME (First, Middle, Last) <b>Joseph D Benoit</b>			12. MOTHER'S NAME (First, Middle, last name before first marriage) <b>Lottie Adjutant</b>		
13a. INFORMANT'S NAME <b>Holly McKinzie</b>		13b. RELATION TO DECEDENT <b>Daughter</b>		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2315 Kootenai River Road, Libby, Montana 59923</b>	
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION <b>Schnackenberg &amp; Nelson Funit Home Crematory</b>		20. LOCATION (City or Town, State) <b>Libby, Montana</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Steven H. Schnackenberg</b>			23. MONTANA LICENSE NO (if licensee if applicable) <b>537</b>		21. NAME AND ADDRESS OF FUNERAL FACILITY <b>Schnackenberg Nelson Funeral Home, 422 West Second St., Libby, Montana 59923</b>
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (Month/Day/Year) <b>January 18, 2009</b>		25. TIME PRONOUNCED DEAD <b>10:15 Military</b>
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>Greg Rice, M.D.</b>			27. LICENSE NUMBER <b>4164</b>		
28. DATE SIGNED (Month/Day/Year) <b>January 29, 2009</b>		30. ACTUAL OR PRESUMED TIME OF DEATH <b>10:15 Military Actual</b>		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>CAUSE OF DEATH (See instructions and example)</b>					
32. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Myocardial Infarction</b>				Approximate interval: (Include Min., Hr., Day, Yrs, etc.) <b>5 days</b>	
Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST. <b>Myocardial Infarction</b>				<b>25 years</b>	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>diabetes type 2, hypertension</b>				<b>36 years</b>	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined				35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF INJURY (Month, Day, Year) <b>38.</b>	TIME OF INJURY <b>39.</b>	INJURED AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No	40. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area)		44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other
43. DESCRIBE HOW INJURY OCCURRED					
42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)					
45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>Greg Rice 211 E 2ND ST., Libby, MT 59923</b>				48. DATE CERTIFIED (Month, Day, Year) <b>January 29, 2009</b>	
LOCAL REGISTRAR'S NAME <i>Jeannie Lewis</i>				47. LICENSE NO <b>4164</b>	
				49. TITLE <b>M.D.</b>	
				50. DATE FILED (Mo/Day/Yr) <b>January 29, 2009</b>	

To Be Completed By: Funeral Director

To Be Completed By: Medical Certifier

*Copy*

**STATE OF MONTANA S.S.**  
**County of Lincoln**  
 I hereby certify that the instrument to which this certificate is affixed is a true and correct copy of the original on file in my office.  
 Witness my hand and seal of Lincoln County  
 this 29<sup>th</sup> day of Jan, 2009  
**TAMMY D. LAUER, Clerk and Recorder**  
 by Debra French  
 Deputy  
 \$ 300



Not Valid Unless Raised Seal is Present

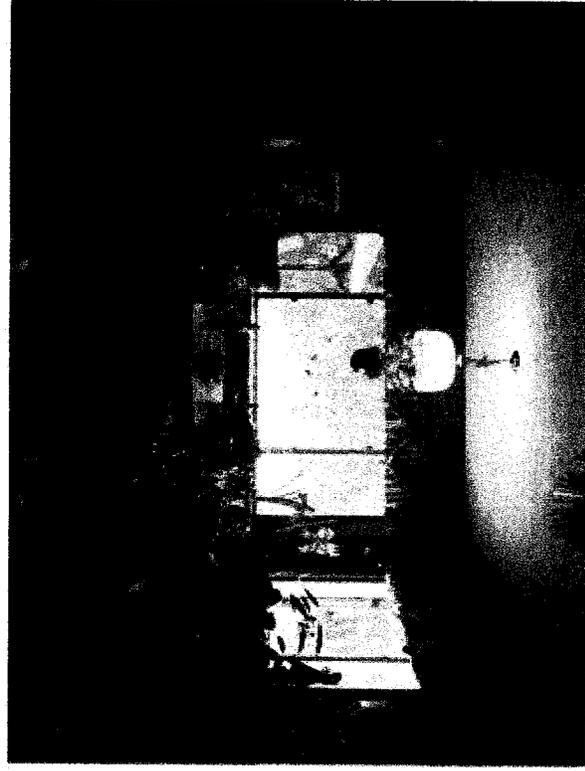
**PHOTO SUBSTANTIATION OF  
EDWARD BENOIT'S DOMICILIARY CARE**



**Residence, taken during summer of 2008**

*the next first part the holiday season 08.)*

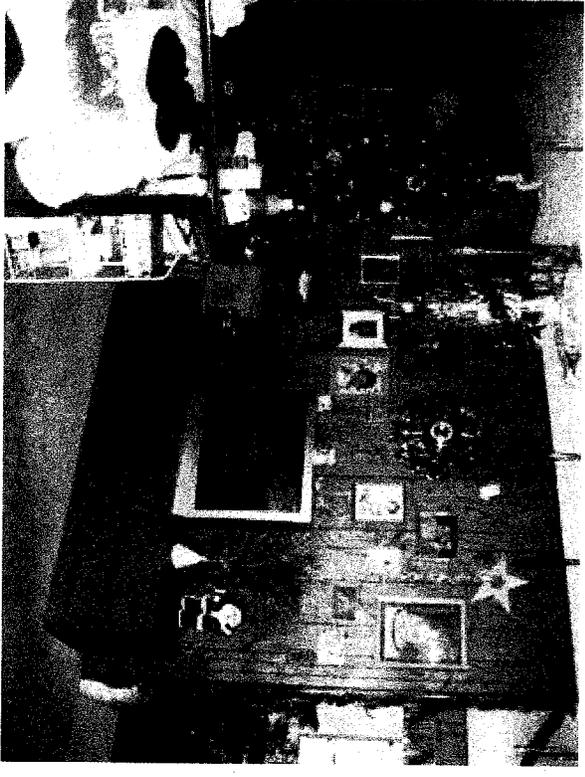
*8/11/08 to  
1/18/09*



**Dining Room**



**24 hour liquid oxygen**



**Living Room**

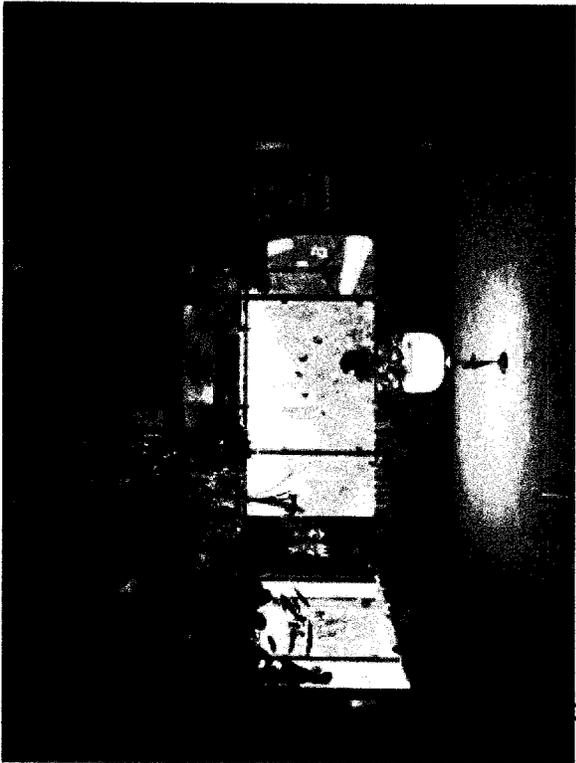
**PHOTO SUBSTANTIATION OF  
EDWARD BENOIT'S DOMICILIARY CARE**



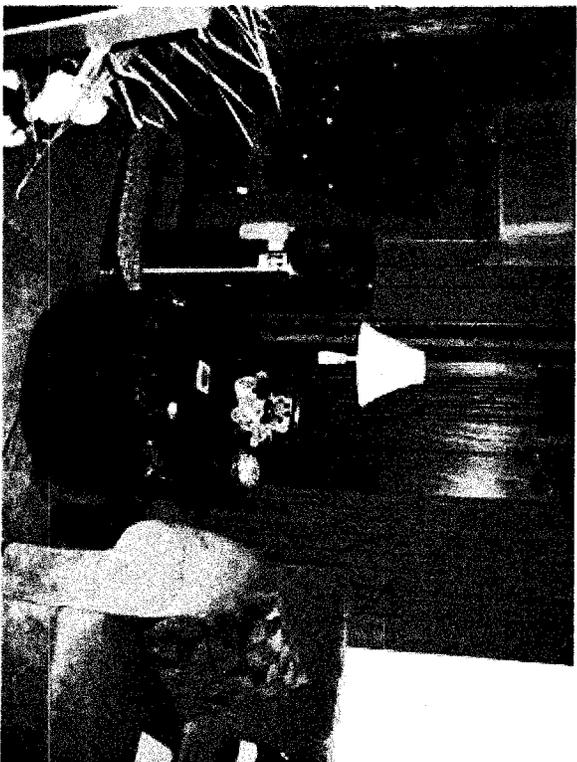
**Residence, taken during summer of 2008**

*(the next first part the holiday season 08.)*

*8/11/08 to  
1/18/09*



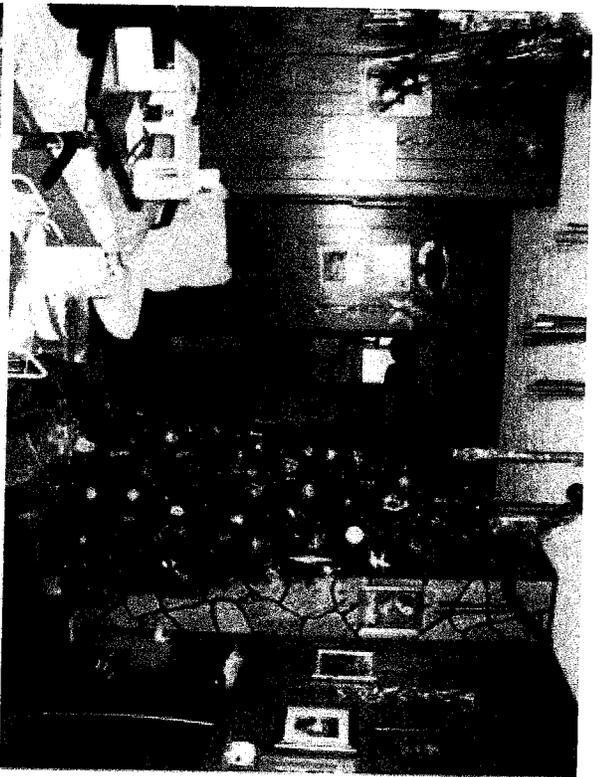
**Dining Room**



**24 hour liquid oxygen**



**Living Room**



**Proximity  
of  
bathroom**



**Proximity of caregiver's bed, approximately 10 to 15 feet away. Note on bed table wireless chime movement alert system for caregivers. Chime pager portable, laser movement detectors could transmit signal through walls, floors up to 75 feet away.**



**Proximity of hospital bed to bathroom, caregiver's room entry.**



**Ed's recliner, sofa for caregivers, visitors. Note door alarm on front door. Wireless, on kitchen door as well. Signal on stationary alarm sounders, one in caregiver's bedroom, one in kitchen, sounders with lights depicting which door had been opened, doors open just 1/4 inch, signal then transmitted through walls, floors up to 75 feet away.**



**Proximity  
of  
bathroom**



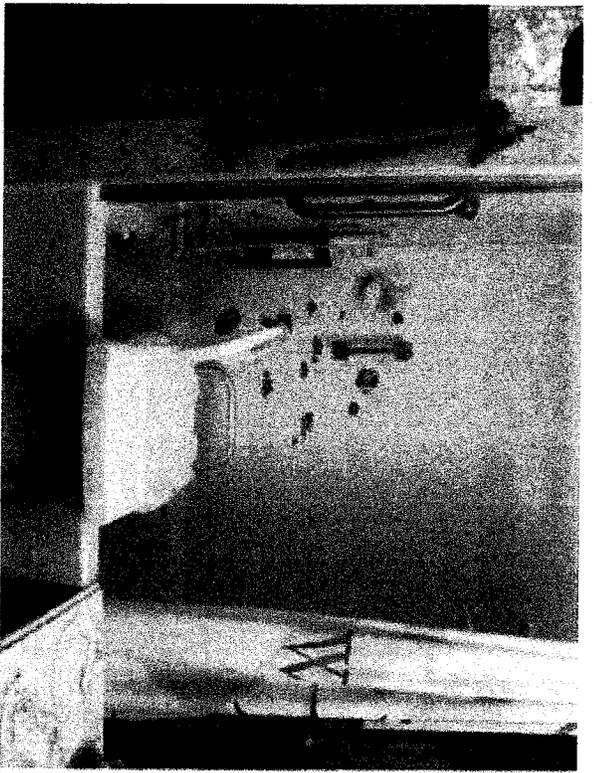
**Proximity of hospital bed to bathroom,  
caregiver's room entry.**



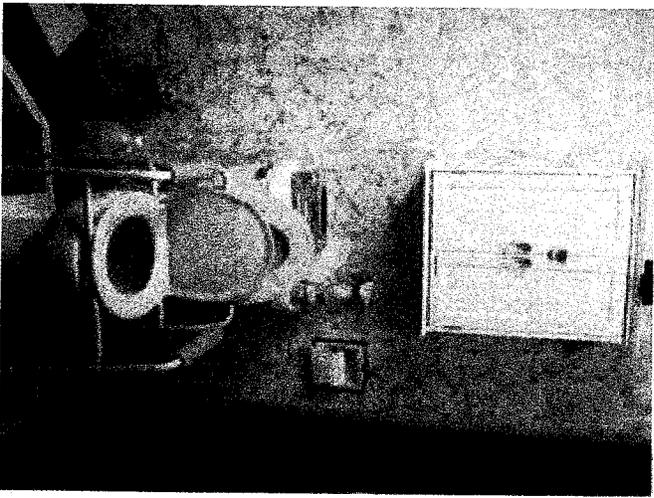
**Proximity of caregiver's bed, approximately 10 to 15 feet  
away. Note on bed table wireless chime movement alert  
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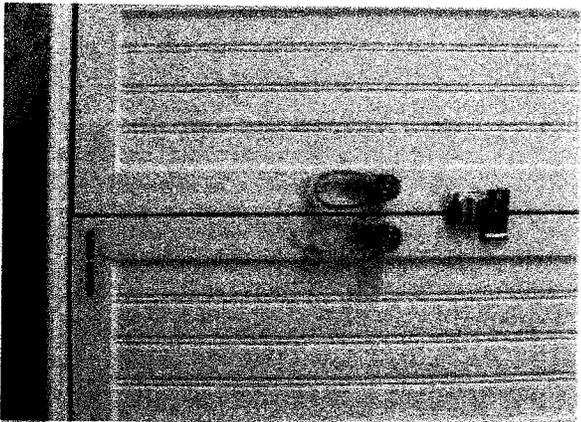
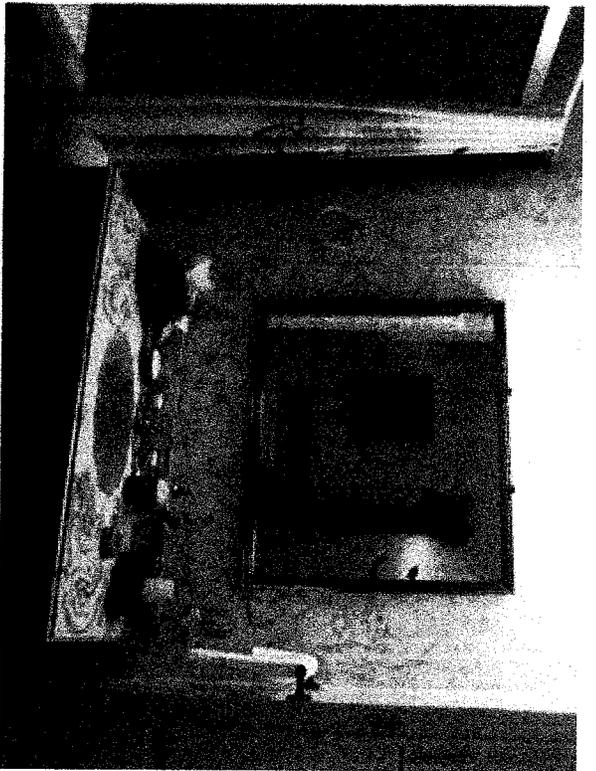
**Ed's recliner, sofa for  
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Wireless, on kitchen door  
as well. Signal on  
stationary alarm sounders,  
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bedroom, one in kitchen,  
sounders with lights  
depicting which door had  
been opened, doors open  
just 1/4 inch, signal then  
transmitted through walls,  
floors up to 75 feet away.**



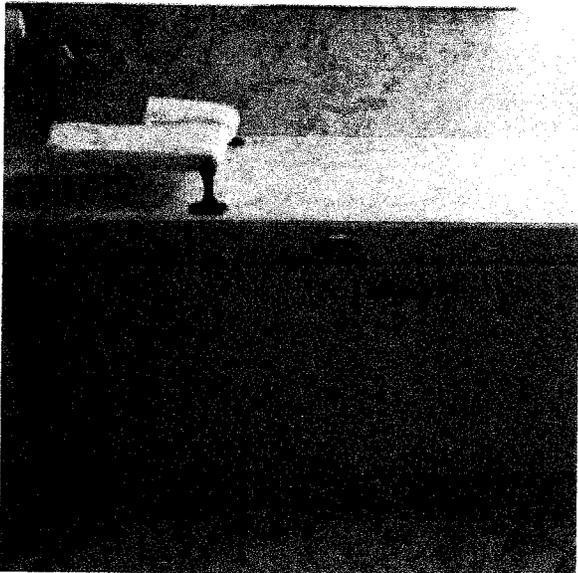
**Bathing safety and convenience.**

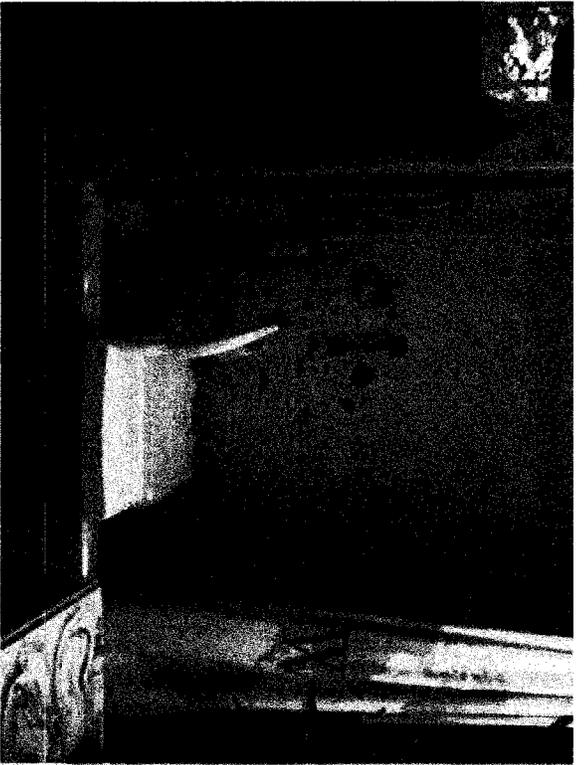


**Toileting safety and convenience.**

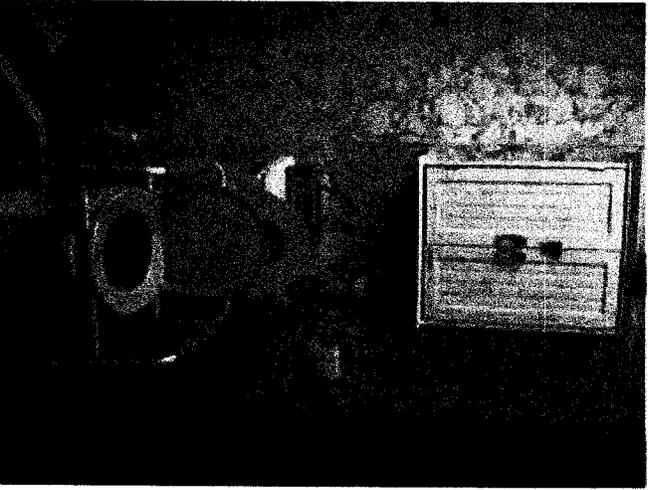


**Note locked storage in bathroom for hazardous supplies and all medications.**

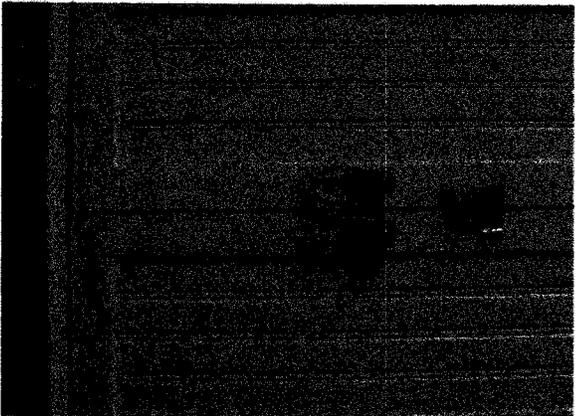
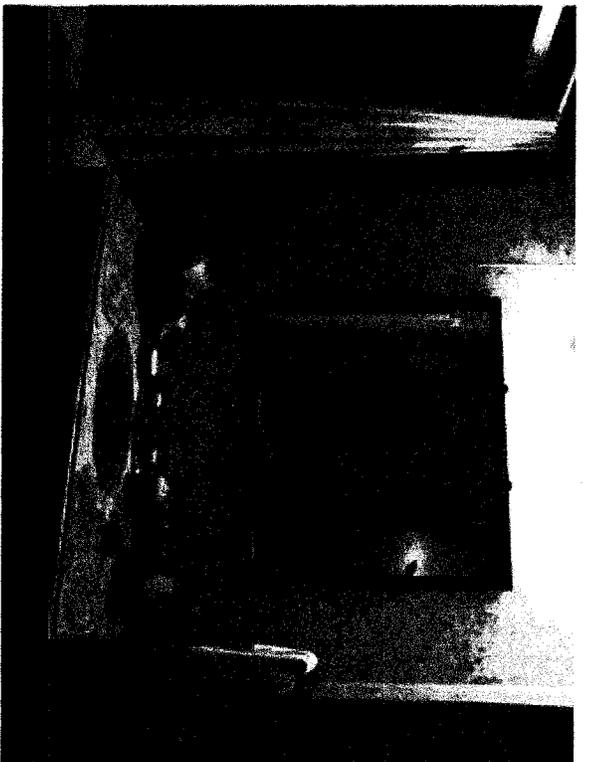




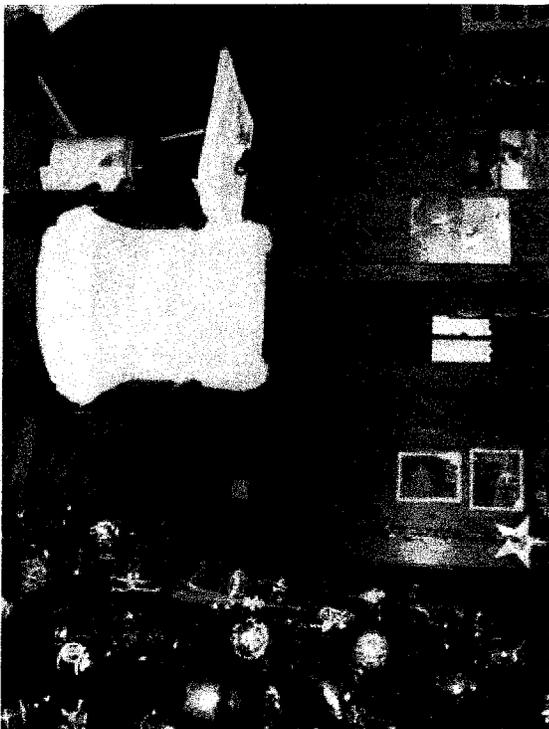
**Bathing safety and convenience.**



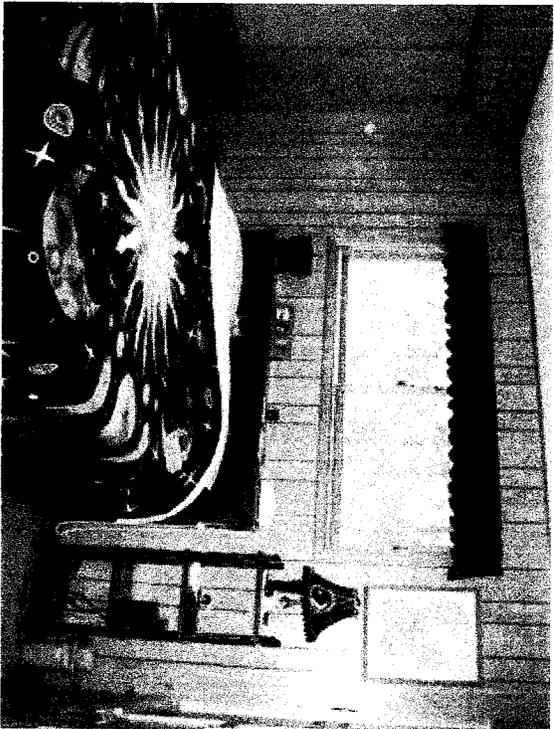
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**Note locked storage in bathroom for hazardous supplies and all medications.**



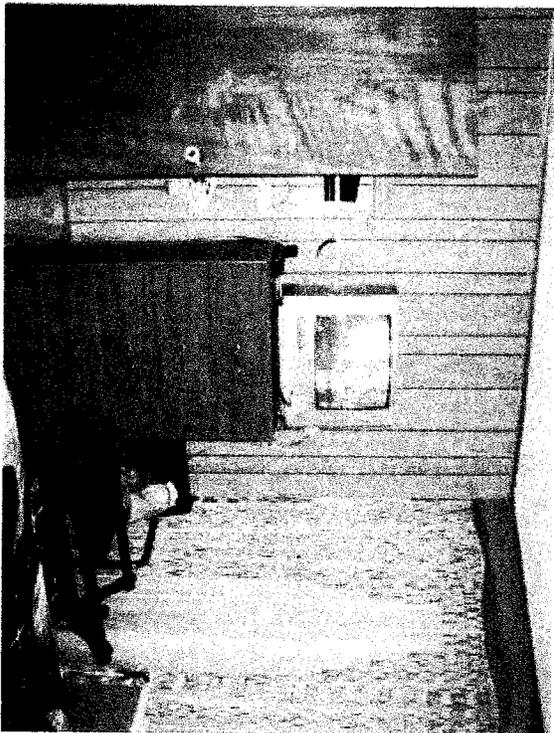
**Ed's wheelchair.**



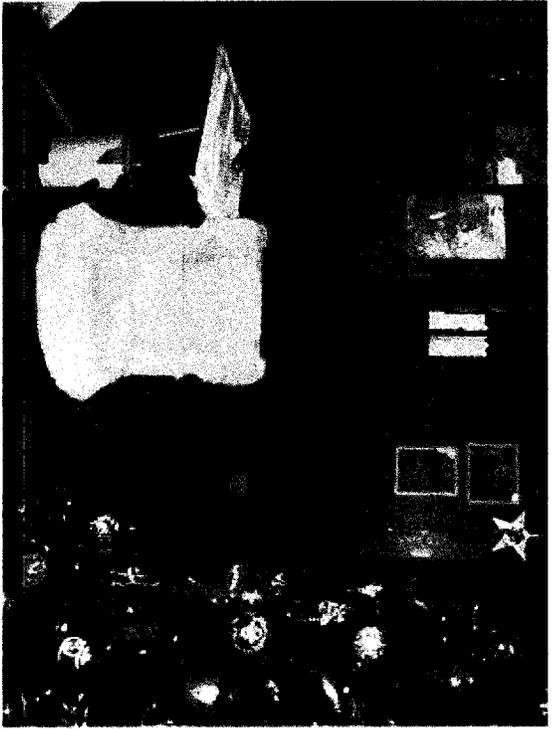
**Caregiver's bed, note home intercom communication system bottom shelf**



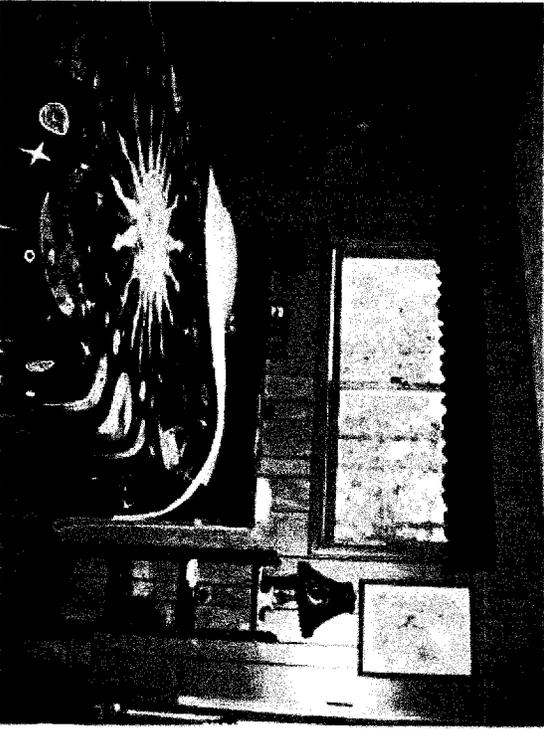
**Caregiver's room safety entrance.**



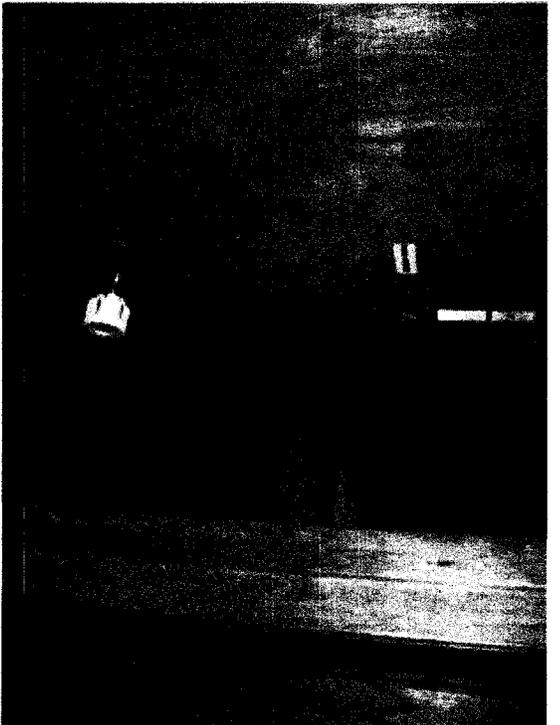
**Caregiver's room surveillance monitor and security system wireless receiver for room to room observation**



**Ed's wheelchair.**



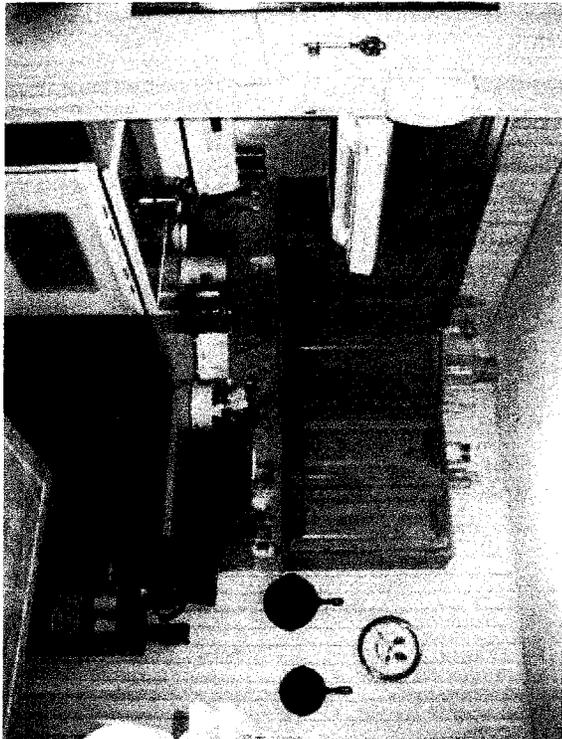
**Caregiver's bed, note home intercom communication system bottom shelf**



**Caregiver's room safety entrance.**



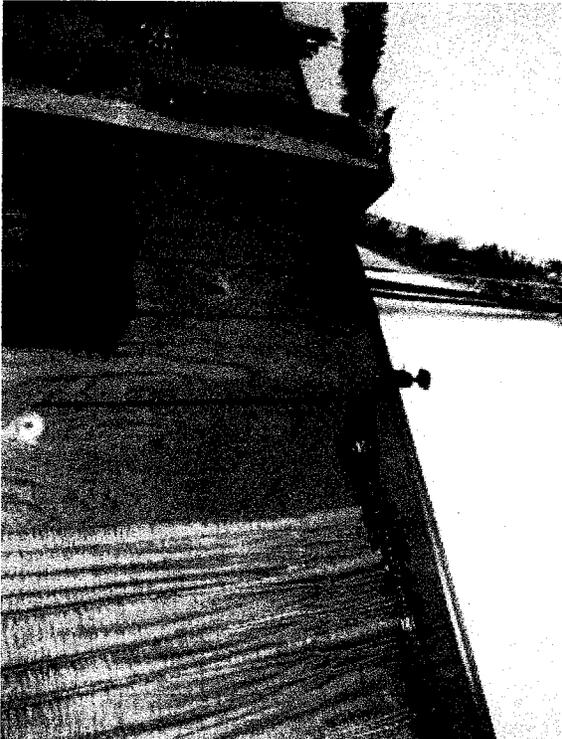
**Caregiver's room surveillance monitor and security system wireless receiver for room to room observation**



**Kitchen**



**Security system monitor in kitchen**



**Security system camera for living room and his bed, recliner, etc.**



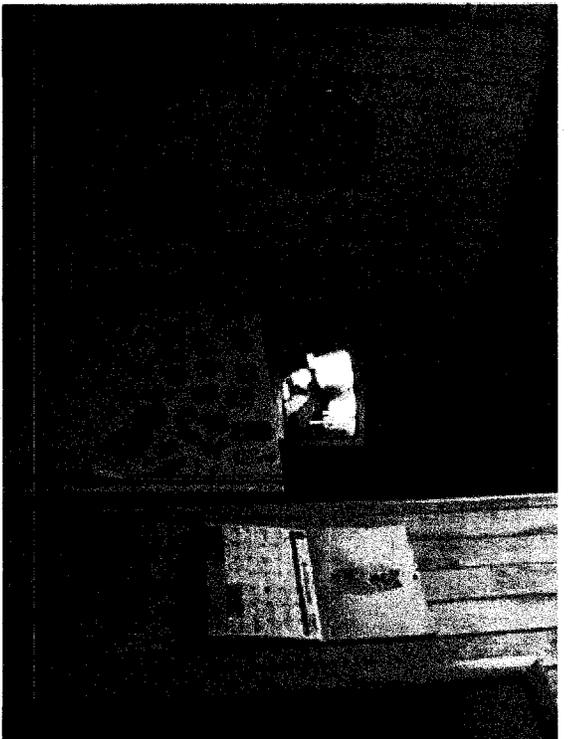
**Security system camera for dining room.**



**Kitchen**



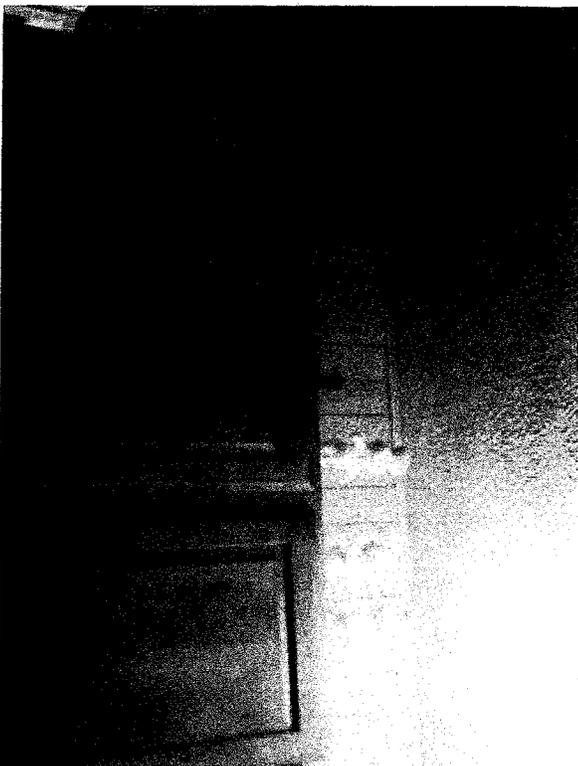
**Security system camera for living room and his bed, recliner, etc.**



**Security system monitor in kitchen**



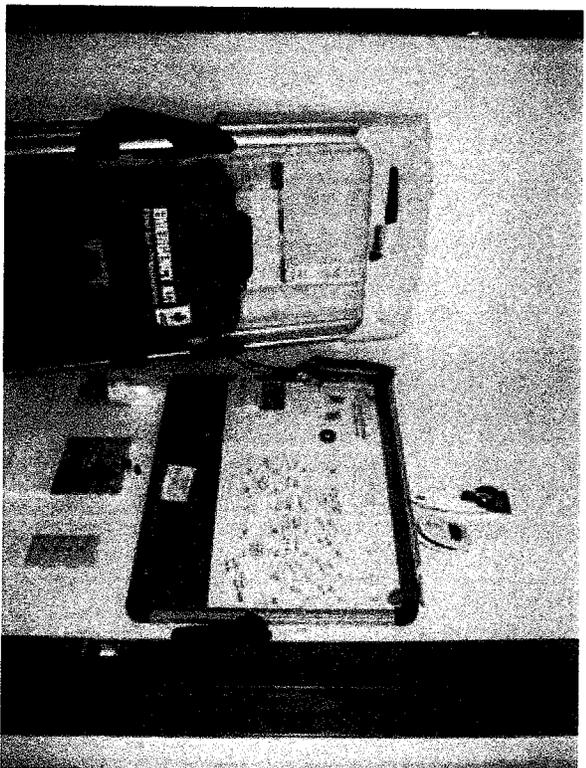
**Security system camera for dining room.**



**Security system camera for kitchen.**

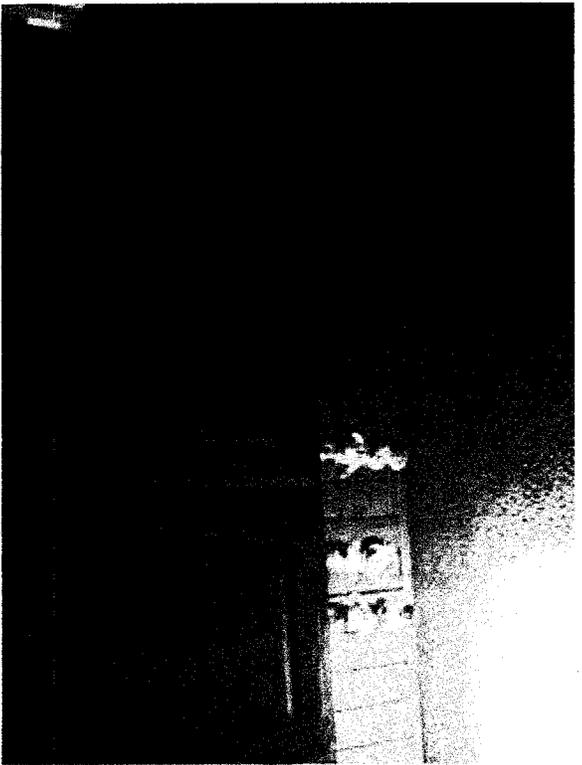


**Additional camera for backup surveillance system.**



**Area off of kitchen in locked supply and equipment storage room. Note first aid travel kit, bulletin board communication schedule center, Jitterbug mobile phone for caregivers to carry.**

**Though the previous photos were taken two days after Ed passed away, all security and safety measures and home being setup for that were done long ago, some before he entered the nursing home last spring.**



**Security system camera for kitchen.**



**Additional camera for backup surveillance system.**



**Area off of kitchen in locked supply and equipment storage room. Note first aid travel kit, bulletin board communication schedule center, Jitterbug mobile phone for caregivers to carry.**

**Though the previous photos were taken two days after Ed passed away, all security and safety measures and home being setup for that were done long ago, some before he entered the nursing home last spring.**



**Edward Benoit at home in January 2009, not long before he passed away.**



**Edward Benoit at home in January 2009, not long before he passed away.**

# STATE OF MONTANA CERTIFICATION OF VITAL RECORD

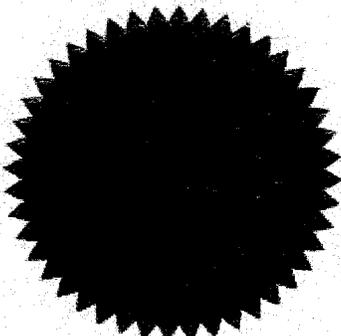
DECEASED'S NAME (Print Name, Last)		FIRST NAME	
EDWARD B BRONIT		E	
DOB	SSOIA SECURITY NUMBER	Age - last birthday	SEX
Male	001-10-4371	36	Male
MARRIAGE OF DEATH (Check one)		MARRIAGE YEAR	
<input type="checkbox"/> None		None	
HOSPITAL: <input type="checkbox"/> Private <input type="checkbox"/> Outpatient <input type="checkbox"/> Tended at home <input type="checkbox"/> Other		PLACE OF DEATH	
2315 Kootenai River Road		Libby	
MORTALITY STATUS		MARRIAGE STATUS	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
DECEASED'S OCCUPATION (Check one)		MARRIAGE DATE	
Laborer		None	
CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION	
Libby		Libby	
STREET NUMBER		CITY	
2315 Kootenai River Road		59923	
COUNTY		STATE	
Libby		Montana	
DECEASED'S EDUCATION (Check one)		DECEASED'S RACE (Check one)	
<input type="checkbox"/> High school or less <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
FATHER'S NAME (Print Name, Last)		MOTHER'S NAME (Print Name, Last)	
Joseph B Bronit		Lillian Anderson	
RELATIONSHIP TO DECEASED		MARRIAGE ADDRESS (Street and Number in Montana, City or Town, State, Zip Code)	
Daughter		2315 Kootenai River Road, Libby, Montana 59923	
SIGNATURE OF DECEASED'S CERTIFIER		SIGNATURE AND ADDRESS OF FEDERAL HEALTH OFFICIAL	
Steven H. Schmeckelberg		Scott	

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		DATE FROM WHICH DEATH WAS ANNOUNCED	DATE FROM WHICH DEATH WAS CERTIFIED
Greg Rice, M.D.		January 18, 2009	16:15 Military
SIGNATURE OF PERSON PRONOUNCING DEATH (Print name and address)		LICENSURE NUMBER	
Greg Rice, M.D.		4164	
DATE FROM WHICH DEATH WAS ANNOUNCED		DATE FROM WHICH DEATH WAS CERTIFIED	
January 29, 2009		10:15 Military Actual	
CAUSE OF DEATH (See instructions and examples)			
IMMEDIATE CAUSE (What disease or condition led to death?)			
diabetes			
IMMEDIATE CAUSE (What disease or condition led to death?)			
asbestosis			
IMMEDIATE CAUSE (What disease or condition led to death?)			
respiratory system disease			
diabetes type 2, hypothyroidism			
MANNER OF DEATH		MARRIAGE STATUS	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
PLACE OF DEATH		MARRIAGE DATE	
2315 Kootenai River Road		None	
CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION	
Libby		Libby	
STREET NUMBER		CITY	
2315 Kootenai River Road		59923	
COUNTY		STATE	
Libby		Montana	
DECEASED'S EDUCATION (Check one)		DECEASED'S RACE (Check one)	
<input type="checkbox"/> High school or less <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
FATHER'S NAME (Print Name, Last)		MOTHER'S NAME (Print Name, Last)	
Joseph B Bronit		Lillian Anderson	
RELATIONSHIP TO DECEASED		MARRIAGE ADDRESS (Street and Number in Montana, City or Town, State, Zip Code)	
Daughter		2315 Kootenai River Road, Libby, Montana 59923	
SIGNATURE OF DECEASED'S CERTIFIER		SIGNATURE AND ADDRESS OF FEDERAL HEALTH OFFICIAL	
Greg Rice		Scott	

Copy

STATE OF MONTANA S.S.  
County of Lincoln  
I hereby certify that the instrument in which this certificate is affixed is a true and correct copy of the original on file in my office.  
Witness my hand and seal of Lincoln County  
this 29th day of Jan 2009  
**TAMMY D. LAUER, Clerk and Recorder**  
*Tammy Lauer*  
\$ 3.00 Deputy



Not Valid Unless Raised Seal is Present

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

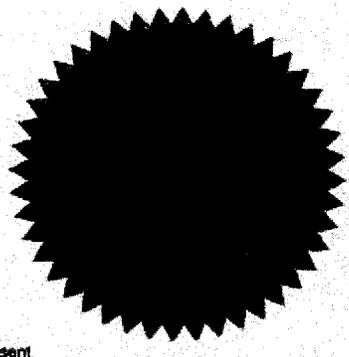
# STATE OF MONTANA

## CERTIFICATION OF VITAL RECORD

1. DECEDENT'S NAME (Print, Middle, Last) <b>EDWARD B BENOIT</b>		AGE at Death <b>85</b>		SEX <b>Male</b>	
2. SEX <b>Male</b>		3. SOCIAL SECURITY NUMBER <b>001-18-4370</b>		4. DATE OF BIRTH <b>October 22, 1914</b>	
5. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home, Long Term Care Facility <input type="checkbox"/> Rest Home <input type="checkbox"/> Other		6. HOSPITAL, NURSING HOME, LONG TERM CARE FACILITY, REST HOME, OR OTHER		7. CITY, TOWN OR LOCATION OF DEATH <b>Libby</b>	
8. BIRTHPLACE (City and State or Foreign Country) <b>Warner, New Hampshire</b>		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE	
11. DECEDENT'S USUAL OCCUPATION (Give kind or exact name during life of working life. Do not use initials) <b>Laborer</b>		12. KIND OF BUSINESS INDUSTRY <b>Timber - mining</b>		13. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. RESIDENCE STATE <b>Montana</b>		15. COUNTY <b>Lincoln</b>		16. STREET NUMBER <b>2315 Kootenai River Road</b>	
17. ZIP CODE <b>59923</b>		18. ZIP+4 CODE <b>59923</b>		19. ZIP+4 CITY <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. DECEDENT'S EDUCATION (Specify only) <input type="checkbox"/> No grade or less <input type="checkbox"/> With 1-8th grade, No diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate's Degree (A.S., A.A.S.) <input type="checkbox"/> Bachelor's Degree (B.S., B.A., B.F.A., B.M., B.S.W., etc.) <input type="checkbox"/> Master's Degree (M.S., M.A., M.B.A., etc.) <input type="checkbox"/> Doctorate (Ph.D., M.D., etc.) or Professional degree (J.D., M.D., D.D.S., D.V.M., J.D., etc.)		21. DECEDENT'S HISPANIC ORIGIN? (Check the one that best describes whether the decedent is of Spanish/Hispanic/Latino descent. Check the box for "Not Obtainable" if the decedent is of mixed ancestry.) <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify) <input type="checkbox"/> Not Obtainable		22. DECEDENT'S RACE (Check one or more if race is unknown or include what the decedent considers himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian or Chamorro <input type="checkbox"/> Other (Specify)	
23. FATHER'S NAME (Print Middle, Last) <b>Joseph D Benoit</b>		24. MOTHER'S NAME (Print Middle, Last name before last marriage) <b>Lottie Adair</b>		25. RELATION TO DECEDENT <b>Daughter</b>	
26. INFORMANT'S NAME <b>Joely McKenzie</b>		27. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2315 Kootenai River Road, Libby, Montana 59923</b>		28. LOCATION (City or Town, State) <b>Libby, Montana</b>	
29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other		30. PLACE OF DISPOSITION <b>Libby, Montana</b>		31. NAME AND ADDRESS OF FUNERAL FACILITY <b>Schnackenberg Nelson Funeral Home, 422 West Second St., Libby, Montana 59923</b>	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Steven H. Schnackenberg</b>		33. MONTANA LICENSE NO. (If business license) <b>537</b>		34. DATE PRONOUNCED DEAD (Month/Day/Year) <b>January 18, 2009</b>	
35. TIME PRONOUNCED DEAD (Month/Day/Year) <b>10:15 Military</b>		36. LICENSE NUMBER <b>4164</b>		37. TIME PRONOUNCED DEAD (Month/Day/Year) <b>10:15 Military</b>	
38. DATE SIGNED (Month/Day/Year) <b>January 29, 2009</b>		39. ACTUAL OR PRESUMED TIME OF DEATH <b>10:15 Military</b>		40. WAS MEDICAL EXAMINEE OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>CAUSE OF DEATH (See instructions and examples)</b>					
41. I AMPT. (Give the medical history, diagnosis, injuries, or conditions that directly caused the death. Do NOT omit medical events that are necessary to explain the immediate cause of death. Do NOT abbreviate, use only words in line, and indicate the progression of events leading to death.)					
42. IMMEDIATE CAUSE OF DEATH (Specify on line) <b>4. - responsible</b>					
43. UNDERLYING CAUSE OF DEATH (Specify on line) <b>38 years</b>					
44. OTHER CAUSE OF DEATH (Specify on line) <b>25 years</b>					
45. OTHER CAUSE OF DEATH (Specify on line) <b>38 years</b>					
46. PART A Other significant conditions contributing to death but not resulting in the underlying cause listed in Part 1: <b>diabetes type 2, hypertension</b>					
47. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
48. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
49. STATEMENT OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		50. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		51. SELF INFLECTED <input type="checkbox"/> Not reported within past year <input type="checkbox"/> Not reported, but reported within 12 days of death <input type="checkbox"/> Not reported, but reported 13 days to 1 year before death	
52. DATE OF BIRTH (Month/Day/Year) <b>1914</b>		53. TIME OF BIRTH <b>AM</b>		54. PLACE OF BIRTH (Print in 3. Decedent's Name) <b>Warner, New Hampshire</b>	
55. TEACHING HOW INJURY OCCURRED					
56. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)					
57. TO BE COMPLETED BY CERTIFIER (A certifier can be a M.D., P.A., APRN, or coroner) <input type="checkbox"/> Certifying Physician: To the best of my knowledge and belief, I certify that the facts stated are true and correct, and that the decedent is deceased. <input type="checkbox"/> Non-Certifying Physician: To the best of my knowledge and belief, I certify that the facts stated are true and correct, and that the decedent is deceased. <input type="checkbox"/> Medical Examiner/Coroner: On my oath of office, I certify that the facts stated are true and correct, and that the decedent is deceased.					
58. DATE CERTIFIED (Month/Day/Year) <b>January 29, 2009</b>					
59. SIGNATURE <b>Greg Rice</b>		60. LOCAL REGISTRAR'S NAME <b>Sharon Brown</b>		61. LICENSE NO. <b>4164</b>	
62. ADDRESS AND ADDRESS OF CERTIFIER (Physician or Coroner) <b>231 E 2ND ST., Libby, MT 59923</b>		63. DATE (Month/Day/Year) <b>January 29, 2009</b>		64. SIGNATURE <b>Greg Rice</b>	

Copy

**STATE OF MONTANA S.S.**  
 County of Lincoln  
 I hereby certify that the instrument to which this certificate is affixed is a true and correct copy of the original on file in my office.  
 Witness my hand and seal of Lincoln County  
 this 29th day of Jan, 2009  
**TAMMY D. LAUER, Clerk and Recorder**  
 by Dixie French  
 \$ 3.00 Deputy



Supporting  
Testimony & supportive  
documents re SB 285,  
submitted 2/5/09 to Sen. Jud.  
hearing, Room 405, Capitol,  
Helena, MT, by  
Holly McKenzie  
Montana Resident